

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-035042

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 30 Primary Registration District No. 5102 Registrar's No. 48

FILED OCT 7 1963

| | | | |
|--|----------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY BENTON | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY Benton | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) WARSAW | | c. CITY OR TOWN Warsaw | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION White Branch | | d. STREET ADDRESS (If outside, give location) | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last JOHN JACK WORSHAM | | 4. DATE OF DEATH Month Day Year Oct 2 1963 | |
| 5. SEX MALE | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH Mar 24 1892 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) men clothing | | 10b. KIND OF BUSINESS OR INDUSTRY Clothing Store | 12. CITIZEN OF WHAT COUNTRY U.S.A |
| 13a. FATHER'S NAME James Grier worsham | | 13b. MOTHER'S MAIDEN NAME Elizabeth Sonoma | 14. NAME OF HUSBAND OR WIFE Annie Laurie Warsham |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service No | | 17. INFORMANT Address 4A Annie Laurie Warsham - Warsaw, Mo | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction DUE TO (b) Coronary thrombosis DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | INTERVAL BETWEEN ONSET AND DEATH 6 days |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | |
| 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | |
| 20f. CITY, TOWN, OR LOCATION | | COUNTY | STATE |
| 21. I attended the deceased from Sept 1960 to 10/2/63 and last saw him alive on 10/2/63 Death occurred at 7:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE E. R. Rodman | | 22b. ADDRESS Warsaw, Missouri | 22c. DATE SIGNED 10/6/63 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE Oct 4, 1963 | 23c. NAME OF CEMETERY OR CREMATORY Residence Cemetery | 23d. LOCATION (City, town, or county) (State) Warsaw Benton Co Mo |
| 24. FUNERAL DIRECTOR John F. Reser | | 25. DATE RECD. BY LOCAL REG. Oct. 4. 1963 | 26. REGISTRAR'S SIGNATURE Geo. A. Logan |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

DATE AMENDED

VS 300
Rev. 4/59

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OCT 9 1963

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John F. Reser

Licensed Embalmer No. 4098

P. O. Address Warsaw

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.